



CALIFORNIA STATE ATHLETIC COMMISSION
 1424 HOWE AVE. STE. #33
 SACRAMENTO, CA 95825
 INTERNET: www.dca.ca.gov
 (916) 263-2195 FAX (916) 263-2197



MRI REVIEW SUMMARY

The MRI scan is to be performed on a 1.5 Tesla MR Machine with capabilities including fast spin echo and FLAIR imaging. Image sequences should include axial T1, T2, and FLAIR images; coronal images should be performed as a T2 coronal; and a single sagittal T1 sequence.

NAME OF ATHLETE (Print Name) _____

ATHLETE DATE OF BIRTH _____ DATE OF THIS REPORT _____

MRI REPORT IS WITHIN NORMAL LIMITS YES _____ NO _____

If NO, please explain:

ACCORDING TO THE CRITERIA ESTABLISHED BY THE CALIFORNIA STATE ATHLETIC COMMISSION (CSAC), WITH RESPECT TO THE ATHLETE'S NEUROLOGICAL CONDITION AND THE MRI (BRAIN IMAGING SCAN), IS THIS ATHLETE ELIGIBLE TO BE LICENSED TO COMPETE?

YES _____ NO _____

If NO, please explain:

Is Further Referral Necessary? YES _____ NO _____

If YES, please explain:

Are Additional Exams Needed? YES _____ NO _____

If YES, please identify the examination(s) and explain why they are needed to include your specific instructions.

This examination does not take the place of any other examination required by the CSAC. It also does not take the place of any general physical examination, diagnosis, or medical treatment of the applicant. It is solely for the purpose of aiding the CSAC in determining whether the applicant is neurologically fit to be licensed for competition.

Signature of Neurologist/Neurosurgeon

Date

Please print:

Name of Examining Neurologist/Neurosurgeon

State/License Number

Street Address

Telephone Number

City

State

Zip Code

Office Use

Approved By: _____

Date: _____